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CONFIRMATION NO. 5291

<b>SERIAL NUMBER</b> 10/529,924	<b>FILING OR 371(c) DATE</b> 11/28/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 234988	
<b>APPLICANTS</b> David Wohlrab, Halle, GERMANY;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/10822 09/09/2003  <b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 46 340.9 10/04/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23460					
<b>TITLE</b> Combination preparation of hyaluronic acid and at least one local anesthetic and the use thereof					
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		